

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

09/890733

CLAIMS

AS FILED.	AFTER		AFTER		IND.	DEP.
	1st AMENDMENT	2nd AMENDMENT	IND.	DEP.		
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TOTAL						
TOTAL CLAIMS	12					
TOTAL AMENDMENTS	13					
0-1360 (3-76)						

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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